



Provider Inquiry Assistance

Providers Submitting Information Regarding Medicare Beneficiaries Entitled to Medicare Advantage (MA) for Fiscal Year (FY) 2006 for the Medicare/Supplemental Security Income (SSI) – JA6329

Related CR Release Date: March 6, 2009

Date Job Aid Revised: March 12, 2009

Effective Date: Discharges on or after October 1, 2005, through September 30, 2006

Implementation Date: July 6, 2009

Key Words MM6329, CR6329, R1695CP, MA, Advantage, SSI

Contractors Affected

- Fiscal Intermediaries
- Part A/B Medicare Administrative Contractors

Provider Types Affected

Inpatient Prospective Payment System (IPPS) hospitals that received disproportionate share hospital (DSH) payments and Inpatient Rehabilitation Facilities (IRF) that received low income patients (LIP) payments and which provided care to MA beneficiaries during FY 2006



- Change Request (CR) 6329 advises hospitals that received DSH payments and IRFs that received LIP payments are required to submit informational only bills to their Medicare FI or A/B MAC for the MA beneficiaries that they treated on or after October 1, 2005, through September 30, 2006 (FY 2006).
- These claims are needed to ensure that the SSI data for FY 2006 accurately reflects MA patient days for purposes of DSH or LIP calculations. **Hospitals must submit their FY 06 claims between July 1, 2009, and November 30, 2009.**
- IPPS hospitals and IRFs that did not receive such payments have the option of submitting FY 2006 informational claims for MA patients, but they are not required to do so. They may want to review MLN Matters article MM6329.

- Effective July 1, 2009, IPPS hospitals and IRFs must submit informational only bills to their Medicare contractor for the MA beneficiaries that they treated on or after October 1, 2005, through September 30, 2006 (FY 2006).
- Specifically, hospitals and IRFs need to submit informational only claims (**Covered 11X Type of Bill (TOB)**, not 110), showing:
 - Medicare Fee-for-Service (FFS) as the primary payer (no Medicare Secondary Payer),
 - Condition code 04,
 - The beneficiary's Medicare Health Insurance Claim Number, and
 - All other required Medicare FFS claim data elements needed for the inpatient claim for MA beneficiary discharges on or after October 1, 2005, through September 30, 2006.

Provider Needs to Know...

- In addition, IRFs will also need to append Case Mix Group A9999 to the Revenue Code 0024 line and include the discharge date in the "service date" field.
- Teaching hospitals should have already submitted their MA claims with Condition Codes 04 and 69 in order to be reimbursed for their Indirect Medical Education payment. **Therefore, teaching hospitals must not re-submit MA claims and are not covered under this instruction.**
- Medicare contractors will:
 - Override timely filing for covered 11X TOBs,
 - Suppress the Medicare Summary Notice on covered 11X TOBs when Condition Code 04 is present,
 - Remove the deductible, and
 - Reject claims that contain Condition Code 04 and no MA record exists in Medicare's files for the beneficiary.

Background

Part of the calculation that Medicare uses to determine whether a hospital is eligible for DSH/LIP add-on payments is based on the percentage of days for which the Medicare Part A entitled beneficiary received SSI payments from the Social Security Administration.

Operational Impact

Contractors will reprocess claims that had the deductible applied when brought to their attention.

Reference
Materials

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6329.pdf> on the CMS website.

The official instruction (CR6329) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1695CP.pdf> on the CMS website.

The updated *Medicare Claims Processing Manual*, Chapter 3 (Inpatient Hospital Billing), Section 20.3 (Additional Payment Amounts for Hospitals with Disproportionate Share of Low-Income Patients) and Section 140.2.4.3 (Low-Income Patient (LIP) Adjustment: The Supplemental Security Income (SSI)/Medicare Beneficiary Data for Inpatient Rehabilitation Facilities (IRFs) Paid Under the Prospective Payment System (PPS)) are attachments to that CR.

The IPPS regulations on DSH payments are located in 42 Code of Federal Regulations (CFR) 412.106, which can be read at

http://edocket.access.gpo.gov/cfr_2003/octqtr/pdf/42cfr412.106.pdf on the Internet.

The IRF PPS regulations on LIP payments are located in 42 CFR 412.624(e)(2), which is at

http://edocket.access.gpo.gov/cfr_2005/octqtr/pdf/42cfr412.624.pdf on the Internet.
